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Acute Coronary Syndromes

IMPACT OF EARLY SPIRONOLACTONE ADMINISTRATION ON CLINICAL OUTCOMES IN PATIENTS WITH ACUTE ST-SEGMENT ELEVATION MYOCARDIAL INFARCTION AND PRESERVED SYSTOLIC FUNCTION: A MATCHED PROPENSITY SCORE ANALYSIS

Poster Contributions
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Background: Deleterious effects of mineralocorticoid receptor (MR) activation on cardiovascular system include volume overload, cardiac remodeling or endothelial dysfunction. The use of MR antagonists is an established treatment in patients with ST-segment elevation myocardial infarction (STEMI) and reduced left ventricular ejection fraction (LVEF). This study aimed to investigate the impact of early spironolactone administration on clinical outcomes in patients with STEMI and preserved LVEF.

Methods: A total of 1,388 patients with acute STEMI and LVEF equal or more than 40% were derived after propensity-score matching from the Korea Working Group on Myocardial Infarction Registry. The primary outcome was the composite of major adverse cardiac events (MACE, defined as death, non-fatal myocardial infarction, or revascularization) at 12 months.

Results: There was no significant difference in baseline clinical and angiographic characteristics between patients with early spironolactone administration and without it. The composite of MACE at 12 months occurred in 54 (8.6%) patients with early spironolactone administration and 50 (8.3%) patients without it (p = NS).

Conclusions: This study showed that early spironolactone administration was not associated with favorable outcomes at 12 months in patients with acute STEMI and preserved systolic function.